

ticular, only 5 of the 19 sexuality/ED-specific measures adequately covered the conceptual domains of interest while only 8 of them had adequate evidence of reliability, validity and responsiveness. **CONCLUSION:** Our review underscores the need for a careful examination of published psychometric properties of instruments that are being considered for use even when they are claimed to have been developed for persons with ED and related sexual disorders.

PMW5

A PHARMACOECONOMIC EVALUATION OF HORMONE REPLACEMENT THERAPY IN THE UNITED KINGDOM AND BELGIUM

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As the female population continues to live longer past menopause, healthcare providers need to establish a proactive approach to the management of the menopausal population in order to reduce long-term healthcare expenditures. **OBJECTIVE:** The purpose of this analysis is to assess the cost-effectiveness of hormone replacement therapy (HRT) in peri-menopausal women of Belgium and the United Kingdom. **METHODS:** A Markov model was constructed to model treatment pathways and outcomes of two cohorts. The model compares the health and economic outcomes of women from age 53 through 94 treated with HRT versus those not treated with HRT. The following "health states" were considered in the model: well, osteoporosis-related fractures, coronary heart disease, stroke, Alzheimer's disease, breast cancer, diabetes and death. A clinical management analysis determined health care utilization for each "health state", while published epidemiologic estimates from each country, incorporating relative risk ratios, incidence and mortality rates for each "health state" were entered into the model. A resource valuation using country-specific inpatient and outpatient costs were calculated for each "health state". **RESULTS:** Cost-effectiveness was measured as the incremental cost-per-life-year gained and the incremental cost per event avoided. Assuming full compliance with treatment in the HRT cohorts, the results for Belgium and the United Kingdom indicate significant reductions in episodes of disease. Furthermore, lifetime expected costs per patient in the treated cohort decreased with age while the lifetime costs of the untreated cohort increased with age. A Monte Carlo analysis tested the sensitivity of the model results. **CONCLUSIONS:** Hormone replacement therapy is a more cost-effective means of disease prevention when compared to no treatment and should be considered by healthcare providers in Belgium and the United Kingdom in the health management of peri-menopausal populations.

PMW6

MATCHING VA UROLOGISTS' PREFERENCES IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA WITH CLINICAL PRACTICE GUIDELINES

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Benign Prostatic Hyperplasia (BPH) is common among males in the Veterans Administration (VA) population. The quality of life of such patients can decline significantly since symptoms may interrupt normal daytime activities or sleep, create anxiety, or reduce perception of general health. Though clinical practice guidelines for the management of BPH have been established, little research has been done to determine adherence to such guidelines. **OBJECTIVE:** To determine the preferences of urologists in the management of BPH in the VA population to assess compliance with established guidelines. **METHODS:** A self-administered mail survey was sent to about 300 urologists providing services to the VA population in approximately 145 VA medical centers across the US. The survey contained simulated cases of BPH patients, to determine urologists' preferences for diagnostic tests and treatments recommended in the management of BPH. The survey also gathered information on frequency of failed initiation therapy and demographic and practice information. The survey was pilot tested for face and content validity among 10 urology residents. Descriptive statistics will be used to analyze the level of agreement among respondent urologists for diagnostic procedures and treatments recommended. Differences based on demographic and practice characteristics will also be determined. Urologists' preferences will also be compared with clinical guidelines and responses of an expert panel. Failure rates for initiation therapy will also be determined using descriptive statistics. Published cost data for various diagnostic procedures will be used to estimate the mean cost of diagnosing BPH in the VA population. **CONCLUSION:** Study results will help us better understand how BPH is managed in the VA population.

Economic & Outcomes Research Methodological Issues PMT

PMT1

THE VALUE OF OBSERVATIONAL DATASETS IN THE ECONOMIC EVALUATION OF PHARMACEUTICALS: UK OBSERVATIONS

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OBJECTIVES: This research investigates the use of longitudinal/cohort observational designs containing patient-specific data for the economic evaluation of pharmaceuticals in development or on the market, and appraises the